Atezolizumab (TECENTRIQ)

Prior Authorization-Facility (PA-F) Criteria for Use

August 2016

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.**

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or http://vaww.pbm.va.gov for further information.

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive atezolizumab.*

☐ Care not provided by a VA or VA purchased care (e.g. Choice Program, Fee Basis) oncology provider
☐ Active, corticosteroid dependent or untreated brain metastases.
☐ History of autoimmune disease or other conditions requiring immunosuppressive therapy. *(See Issues for Consideration)*
☐ Any corticosteroid use.
☐ Acute or chronic Hepatitis B or C.
☐ HIV positive.
☐ Received a live, attenuated vaccine within the past 28 days.
☐ Pregnancy [i.e., known pregnancy or positive pregnancy test]
☐ Breastfeeding

Inclusion Criteria *The answers to the following must be fulfilled in order to meet criteria.*

☐ ECOG Performance Status 0-2.

☐ Goals of care and role of Palliative Care consult has been discussed and documented.

☐ Adequate baseline bone marrow and liver function defined as the following [ULN is local laboratory range for parameter]:

- Hemoglobin value ≥ 9.0 g/dL
- WBC > 2500/mm^3
- ANC ≥ 1,500/mm^3 (without G-CSF support for previous 2 weeks)
- Platelet count ≥100,000/mm^3 (transfusion independent for 2 weeks)
- Total bilirubin ≤ 1.5x ULN (unless for Gilbert Disease with total bilirubin ≤3 X ULN)
- ALT and AST ≤2.5x ULN unless due to liver metastasis, then ≤5x ULN; See Issues for Consideration
- Alkaline Phosphatase ≤ 2.5 X ULN unless due to liver or bone metastases, then ≤5 X ULN.
- Baseline thyroid function tests.

AND

☐ **Locally advanced or metastatic urothelial carcinoma with disease progression during or after platinum-based therapy, or progression within 12 months of neoadjuvant or adjuvant therapy with platinum-based chemotherapy** if there is no available clinical trial, patient does not wish to participate in a clinical trial, or patient is ineligible for available clinical trial.

For women of childbearing potential

□ Pregnancy must be excluded prior to receiving atezolizumab and patient provided contraceptive counseling on potential risk vs. benefit of taking atezolizumab if patient were to become pregnant. *(See Issues for Consideration)*

Dosage and Administration

Atezolizumab 1200 mg IV over 60 minutes every 3 weeks.

See Product Package Insert for additional dosing and administration information.

Monitoring

- A therapeutic trial of not more than12 weeks is recommended with radiographic imaging to assess tumor response at the end of the trial or at 12 weeks, whichever comes first. Further treatment cycles will be determined based on this assessment and an assessment of toxicity.
- Immune-related adverse events:
  - Radiographic signs and symptoms of pneumonitis or interstitial lung disease
  - Hepatitis: monitor for signs and symptoms including liver function tests prior to each dose.
  - Colitis: monitor for signs and symptoms prior to each dose.
  - Hypothyroidism or hyperthyroidism: monitor thyroid function periodically during therapy. *(See Issues for Consideration)*
  - Infusion-related reactions: interrupt or slow infusion in mild to moderate reactions. Discontinue for grade 3 or 4 reactions.
  - Other: Monitor periodically for hypophysitis, adrenal insufficiency, new onset diabetes with ketoacidosis, meningitis/encephalitis, motor and sensory neuropathy, pancreatitis, infection.
- CBC prior to each dose (due to risk for infection).

Issues for Consideration

- **Immunosuppressive therapy**: Patients requiring systemic therapy with corticosteroids or immunosuppressive agents were not enrolled in clinical trial.
- **Immune-mediated hypothyroidism or hyperthyroidism:** For symptomatic hypothyroidism, withhold atezolizumab and initiate thyroid replacement therapy. For symptomatic hyperthyroidism, withhold atezolizumab and initiate anti-thyroid drug as needed. Resume atezolizumab when symptoms of hypo or hyperthyroidism are controlled and thyroid function is improving.
- **Contraception**: Advise females of reproductive potential to use effective contraception during treatment with atezolizumab and for at least 5 months following the last dose.

Discontinuation Criteria

- Therapeutic trial (see Monitoring) has been completed without documented evidence of clinical benefit (i.e. tumor response).
- Non-compliance with therapy, laboratory or follow-up visits.
- Decline in ECOG performance status to level unacceptable for patient to maintain quality of life
- Radiographic or symptomatic disease progression (Note: Early in immune-therapy a distinct immune related disease flare or pseudo-progression may be seen consisting of inflammatory infiltrates or necrosis followed by delayed tumor regression).
- Patient declines further therapy
- Permanently discontinue for significant drug-related toxicity:
  - **Colitis or Diarrhea** (grade 4): also administer high dose systemic corticosteroids (prednisone 1 to 2 mg/kg daily or equivalent) followed by taper
  - **Pneumonitis** (grade 3 or 4): also administer high dose systemic corticosteroids (prednisone 1 to 2 mg/kg daily or equivalent) followed by taper
  - **Hepatitis** AST or ALT > 5 x ULN or total bilirubin >3 x ULN; high dose systemic corticosteroids (prednisone 1 to 2 mg/kg daily or equivalent) followed by taper
  - **Meningitis/Encephalitis** Any Grade. Treat with IV steroids (1-2 mg/kg/d methylprednisolone or equivalent) and convert to oral once symptoms improve.
  - **Motor and sensory neuropathies** Any Grade. Consider systemic steroids (1-2 mg/kg/d methylprednisolone or equivalent).
  - **Endocrinopathies**: Life-threatening (grade 4) hypophysitis. Also administer corticosteroids (prednisone 1 to 2 mg/kg daily or equivalent) followed by taper. Life-threatening (grade 4) hyperglycemia.
  - **Pancreatitis** Grade 4 or any grade recurrent pancreatitis.
  - **Rash**: Life-threatening (grade 4): also administer corticosteroids (prednisone 1 to 2 mg/kg daily or equivalent) followed by a taper.
  - **Ocular inflammatory toxicity** Grade 3 or 4
  - **Infusion reactions**: Severe or life-threatening.

*ECOG Performance Status *Am J Clin Oncol 2982; 5: 649-655*

0, fully active without restriction
1, restricted strenuous activity, but able to carry out light work
2, ambulatory/capable self-care, unable to carry out work activities
3, confined to bed/chair more than 50% of time
4, totally confined to bed/chair
5, dead

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